

Name
in
Full

Charlotte Anne Boyce

CERTIFICATE OF DEATH

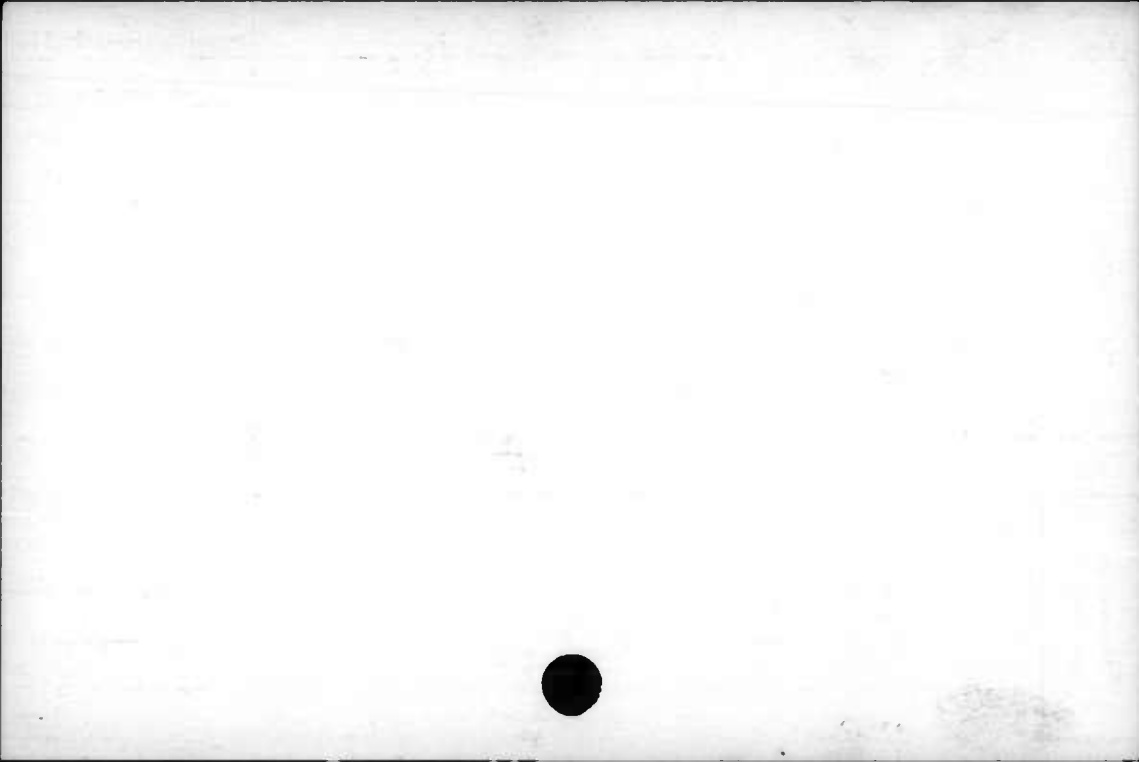
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Centerville</u> <small>Town</small>		<u>Queen Anne</u> <small>County</small>		MARYLAND	
Date of death <u>1909</u>	<u>3</u> <small>Month</small>	<u>12</u> <small>Day</small>	<u>79</u> <small>Years</small>	<u>—</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>Negro</u>	Birth-place <u>Concord Del</u>			
Occupation <u>House Keeper</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>Noah Boyce</u>				
Father's Name <u>Anthony Laws</u>	Father's Birthplace <u>Del</u>				
Mother's Maiden Name <u>Annie Davis</u>	Mother's Birthplace <u>"</u>				
Name of person giving information <u>N. W. Moore</u>	How related to deceased <u>Son in Law</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	<u>93</u>	How long <u>7 day</u>
Immediate <u>Heart Failure</u>		How long <u>3 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. H. Tracey M.D.</u>	
	Address <u>Centerville Md</u>	
Accident or Suicide? <u>no</u>		



Name
in
Full

William Carr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

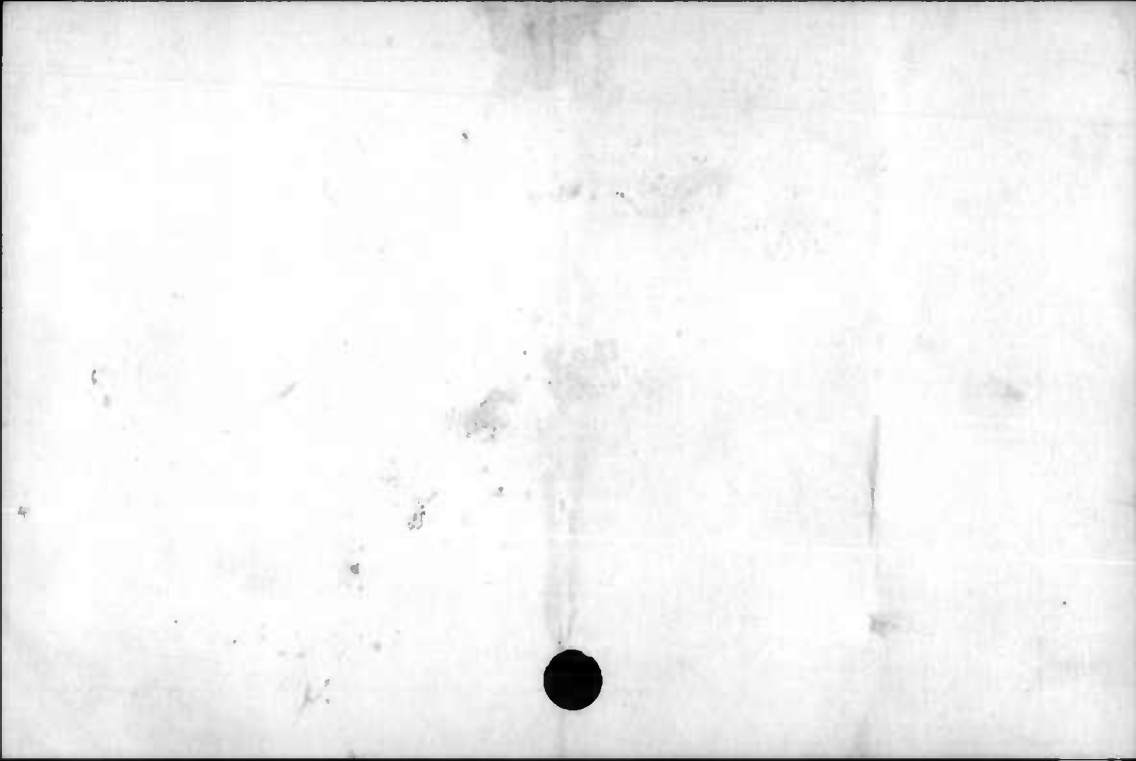
Died at <i>Near Queenstown</i>		County <i>Queen Anne</i>		MARYLAND	
Date of death	Month	Day	Age	Years	Months
<i>1907</i>	<i>Mar.</i>	<i>17</i>	<i>1</i>	<i>1</i>	<i>3</i>
Sex	Color or Race		Birth-place		
<i>Male</i>	<i>Colored</i>		<i>Queen Anne Co.</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
<i>Harry S Carr</i>			<i>Queen Anne Co</i>		
Mother's Maiden Name			Mother's Birthplace		
<i>Matilda Green</i>			<i>" "</i>		
Name of person giving information			How related to deceased		
<i>Harry S Carr</i>			<i>Father</i>		

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	<i>Acute Indigestion</i>	How long	<i>about 3 hours.</i>
Immediate	<i>" "</i>	How long	<i>" "</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>I think they are</i>		<i>E. F. Smith M.D.</i>	
Address		<i>Centreville Md.</i>	
Accident or Suicide?			



Name
in
Full

Ray Field Carr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Kent Island</i> ^{Town}		<i>Q. A.</i> ^{County}		MARYLAND	
Date of death 190	<i>7</i> ^{Month} <i>clck</i>	<i>26</i> ^{Day}	Age <i>15</i> ^{Years}	<i>11</i> ^{Months}	<i>20</i> ^{Days}
Sex <i>male</i>	Color or Race <i>Black</i>	Birthplace <i>Kent Island clck</i>			
Married Single or Widowed		Occupation <i>Laborer</i>			
Name of Wife or Husband _____					
Father's Name <i>James Carr</i>			Father's Birthplace <i>Kent Island clck</i>		
Mother's Maiden Name <i>Harriet E. Nickerson</i>			Mother's Birthplace " " "		
Name of person giving information <i>Isiah Henry</i>			How related to deceased <i>none</i>		

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary <i>Pistol Bullet Wound</i>	How long _____
Immediate <i>Hemorrhage & Pressure</i>	How long <i>3 1/2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. Kemp</i>
	Address <i>Stevensville</i>
Accident or Suicide? <i>Homicide</i>	<i>clck.</i>



Name
in
Full

Stanford Drewberry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

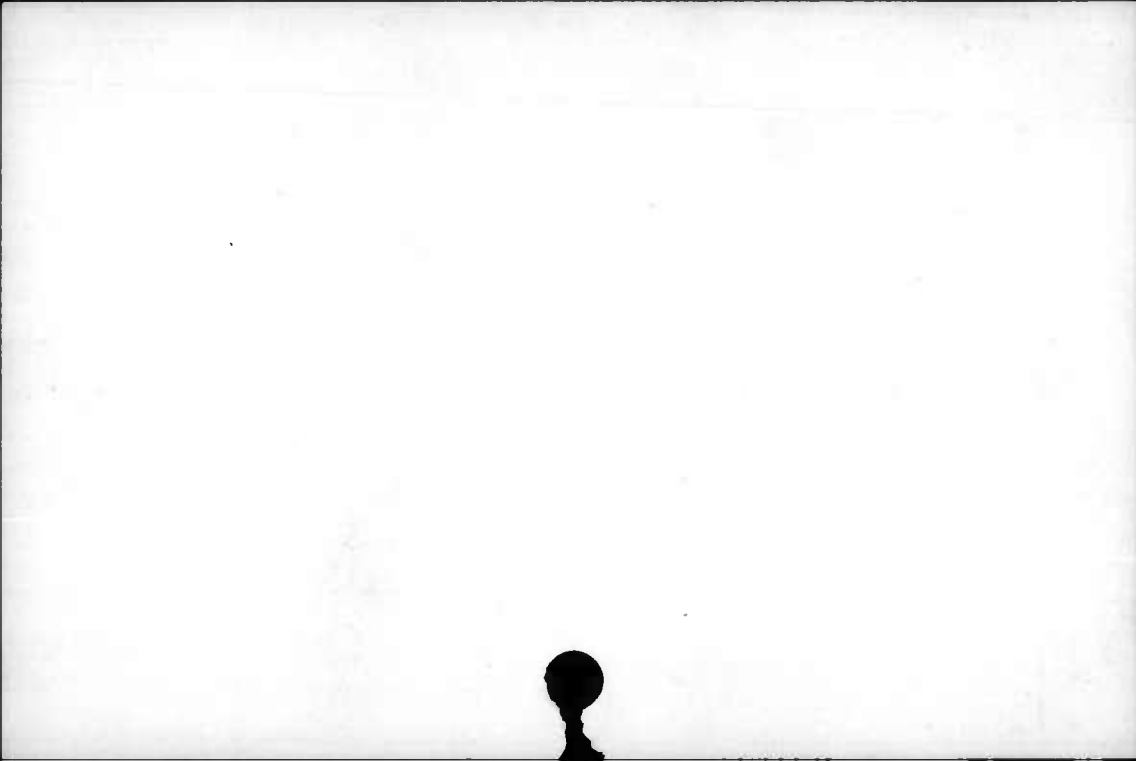
Died at <i>Near Chestertown</i>		County <i>Queen Anne</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>March</i>	Day <i>22</i>	Age <i>56</i>	Years <i>2</i> Months <i>18</i> Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Liverpool, E. G.</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Near Chestertown</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Julia Drewberry</i>				
Father's Name <i>Stanford Drewberry</i>	Father's Birthplace <i>England</i>				
Mother's Maiden Name <i>Miss Waters</i>	Mother's Birthplace <i>England</i>				
Name of person giving information <i>Thos Drewberry</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Nephritis</i>	How long <i>Likely over a year</i>
Immediate <i>Uremia</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. Benge Simmons</i>
	Address <i>Chestertown Md</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Presley Dorsey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bar Ingleside</i>		County <i>2. Anne's</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>March</i>	Day <i>11</i>	Age <i>69</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Id</i>		
Occupation <i>Farmer</i>		Where Residing if not at place of death			
Married, Yes or Widowed Yes		Name of Wife or Husband <i>Mary E. Dorsey</i>			
Father's Name <i>Was not known</i>		Father's Birthplace <i>Was not known</i>			
Mother's Maiden Name <i>Was not known</i>		Mother's Birthplace <i>Was not known</i>			
Name of person giving information <i>Samuel P. Dorsey</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

120

How long

PHYSICIAN
OR CORONER

Primary *Chronic Bright's Disease*

Immediate *Leukitis*

How long

About 2 weeks

Are the name, age, sex, color, date and place correctly given above?

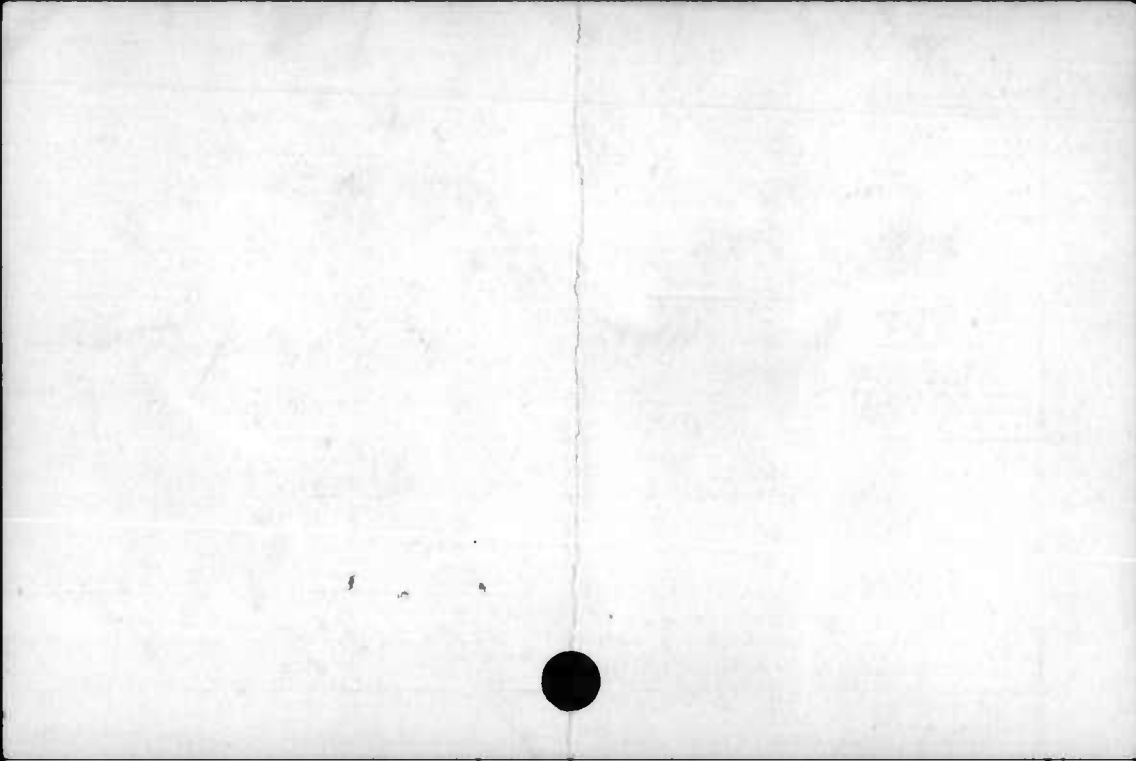
Signature of Physician

Address

Jas. Abraham M. D.

Ingleside Id

Accident or Suicide?



Name
in
Full

George Henry Evans

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Winchester</i>		County <i>Queen Anne Co.</i>		MARYLAND	
Date of death	1907	Month	March	Day	2
Sex <i>Male</i>		Color or Race <i>White</i>		Years	70
Occupation <i>Waterman</i>		Where Residing if not at place of death <i>Place of death</i>		Months	4
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Emma Eugenia</i>		Birthplace	<i>Somerset Co., Md.</i>
Father's Name <i>Zachariah Evans</i>		Father's Birthplace <i>Don't know</i>			
Mother's Maiden Name <i>Eliza (don't know maiden name)</i>		Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Emma E. Evans</i>		How related to deceased <i>wife</i>			

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>Two years</i>
Immediate <i>Cardiac failure</i>	How long <i>A few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Rowland V. Ford</i>
-	Address <i>Greensboro, Md.</i>
Accident or Suicide? <i>_____</i>	

0/70/10/14

Mar 1907

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN

OR CORONER

Name
in
Full

Mary Elizabeth Forman

CERTIFICATE OF DEATH

Town *North Church Hill* County *Queen Anne* MARYLAND

Date of death *1907* March *27* Day *27* Age *1* Years *4* Months *13* Days

Sex *Female* Color or Race *Black* Birthplace *D.C.*

Occupation *—* Where Residing if not at place of death *At place of death*

☒ Single *Single* Name of Wife or Husband *—*

Father's Name *H. S. Forman* Father's Birthplace *D.C.*

Mother's Maiden Name *Sarah G. Gibbs* Mother's Birthplace *D.C.*

Name of person giving information *H. S. Forman* How related to deceased *Father*

CAUSES OF DEATH

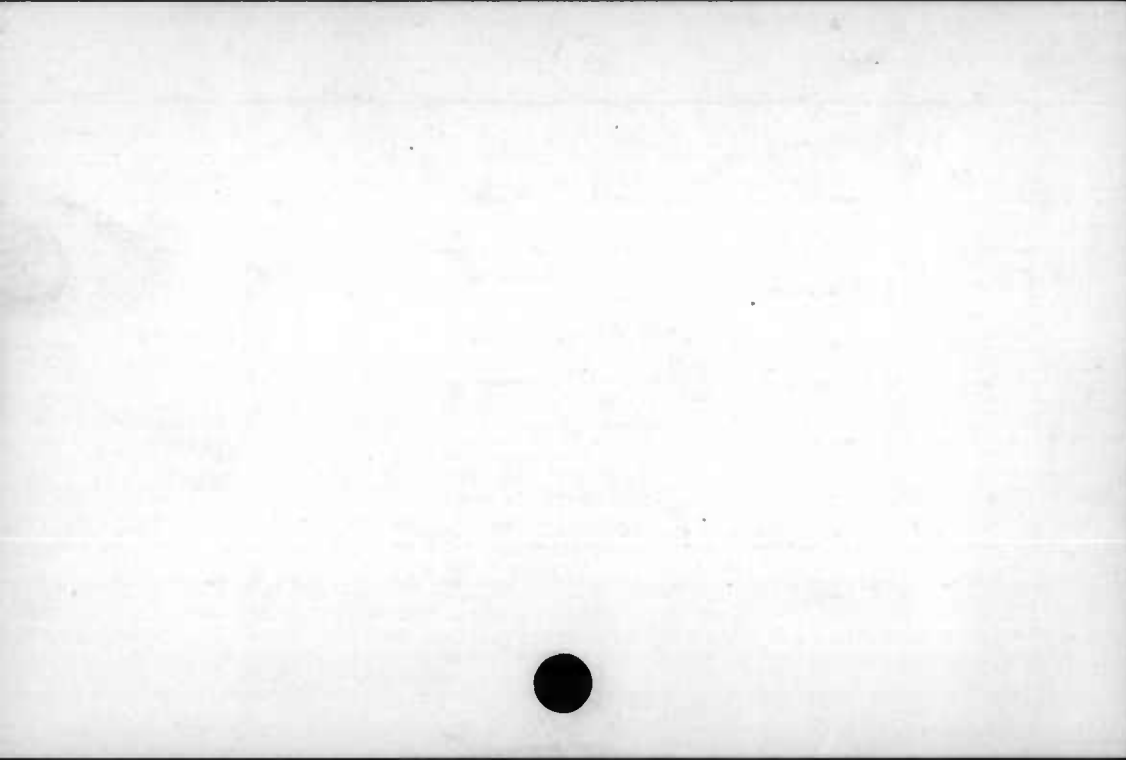
Primary *Bronchitis* (90) How long *3 weeks*

Immediate *Asthma* How long *3 or 4 days*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *H. G. Caporale*

Address *Church Hill*

Accident ☒ Suicide? ☒



Name
in
Full

Wm. H. Foster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

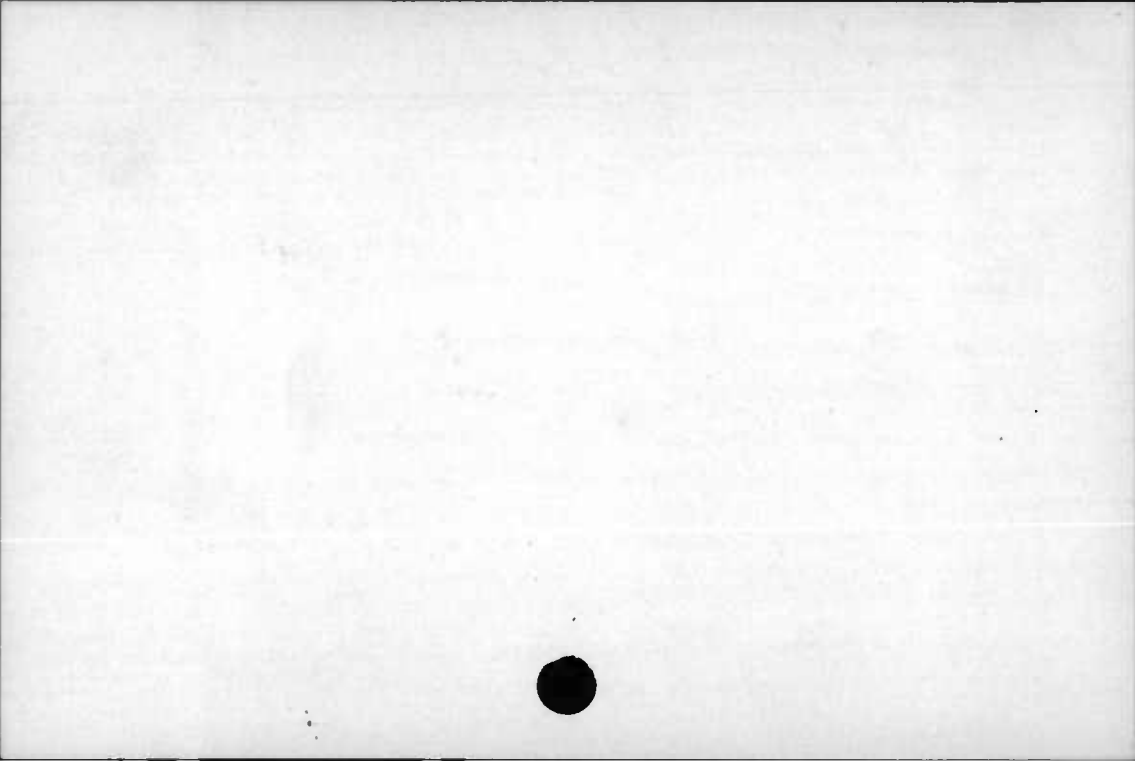
Died at <i>near Hope</i>		Town <i>Sumner</i>		County <i>Anne</i>		State <i>MARYLAND</i>	
Date of death	1907	Month <i>3</i>	Day <i>18</i>	Age <i>76</i>	Years	Months <i>2</i>	Days
Sex <i>Male</i>	Color or Race <i>Negro.</i>		Birth-place <i>Dorchester Co. Md.</i>				
Occupation <i>Teamster</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Sara E. Foster</i>						
Father's Name <i>Wm. Foster</i>	Father's Birthplace <i>Md</i>						
Mother's Maiden Name <i>unknown</i>	Mother's Birthplace <i>"</i>						
Name of person giving information <i>Walter F. Saunders</i>	How related to deceased <i>Grand Son</i>						

CAUSES OF DEATH

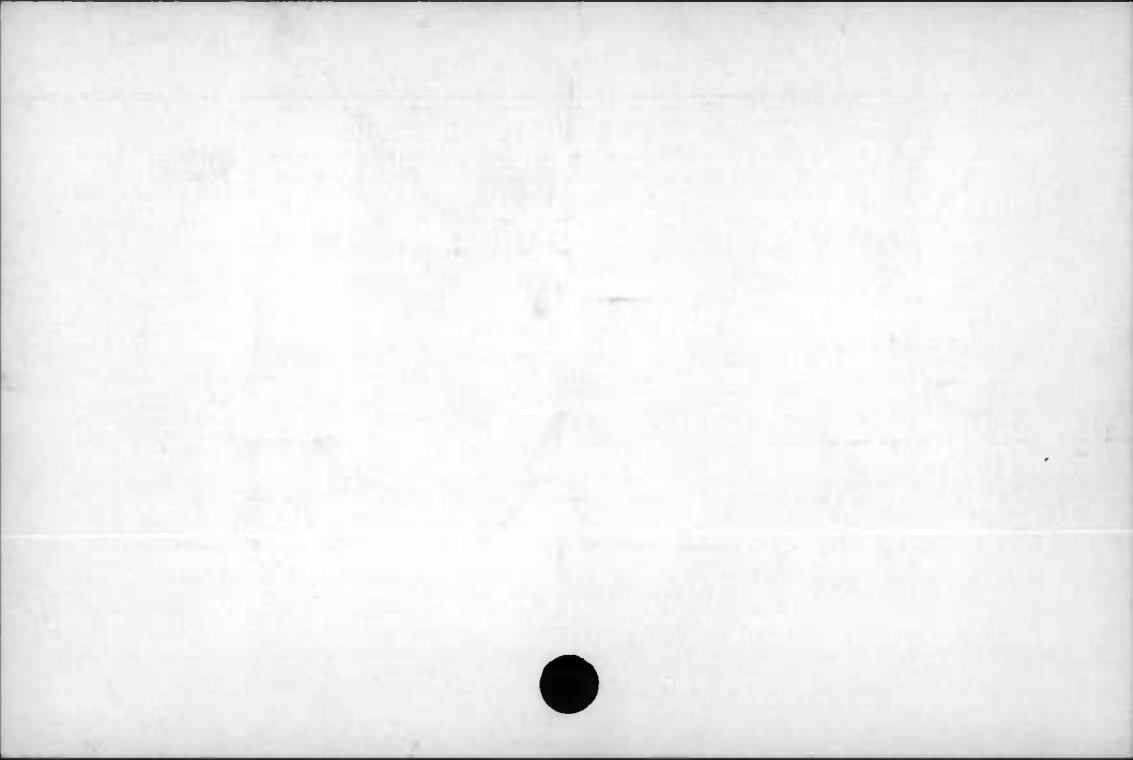
79

PHYSICIAN
OR CORONER

Primary <i>Organic Heart</i>	How long <i>years or more</i>
Immediate <i>Heart Failure</i>	How long <i>10 minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Marked M.D.</i>
	Address <i>Centerville</i>
Accident or Suicide? <i>no</i>	<i>Sumner Anne Co</i>



Name in Full		Mary Ellen Gibson				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died		Town	County	MARYLAND			
		Date of death		Month	Day	Years	Months	Days	
		Sex		Color or Race		Birth-place			
		Occupation		Where Residing if not at place of death					
		Married, <input checked="" type="checkbox"/> Married		Name of Wife or Husband					
		Father's Name		Father's Birthplace					
		Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased							
		CAUSES OF DEATH				(43)			
PHYSICIAN OR CORONER		Primary		How long					
		Immediate		How long					
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
				Address					
		Accident or Suicide?							



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at *Greenstown* ^{Town}*Queen Anne's Co* ^{County}Date of death *1907* ^{Month} *March* ^{Day} *21*Age *27* ^{Years} *27* ^{Months} *27* ^{Days}Sex *Male*Color or Race *Caucasian*Birth-place *Talbot Co.*Occupation *Miller*Where Residing if not at place of death *Greenstown.*Married, Single or Widowed *Married*Name of Wife or Husband *Blanch Salt*Father's Name *Joseph S. Salt*Father's Birthplace *E.A. Co*Mother's Maiden Name *Allie Sherwood*Mother's Birthplace *Talbot Co*Name of person giving information *H. B. Hopkins*How related to deceased *Nephew*

CAUSES OF DEATH

Primary

*Alcoholism.**56*How long *Several months*

Immediate

*Heart failure*How long *Three hours.*

Are the name, age, sex, color, date and place correctly given above?

Yes

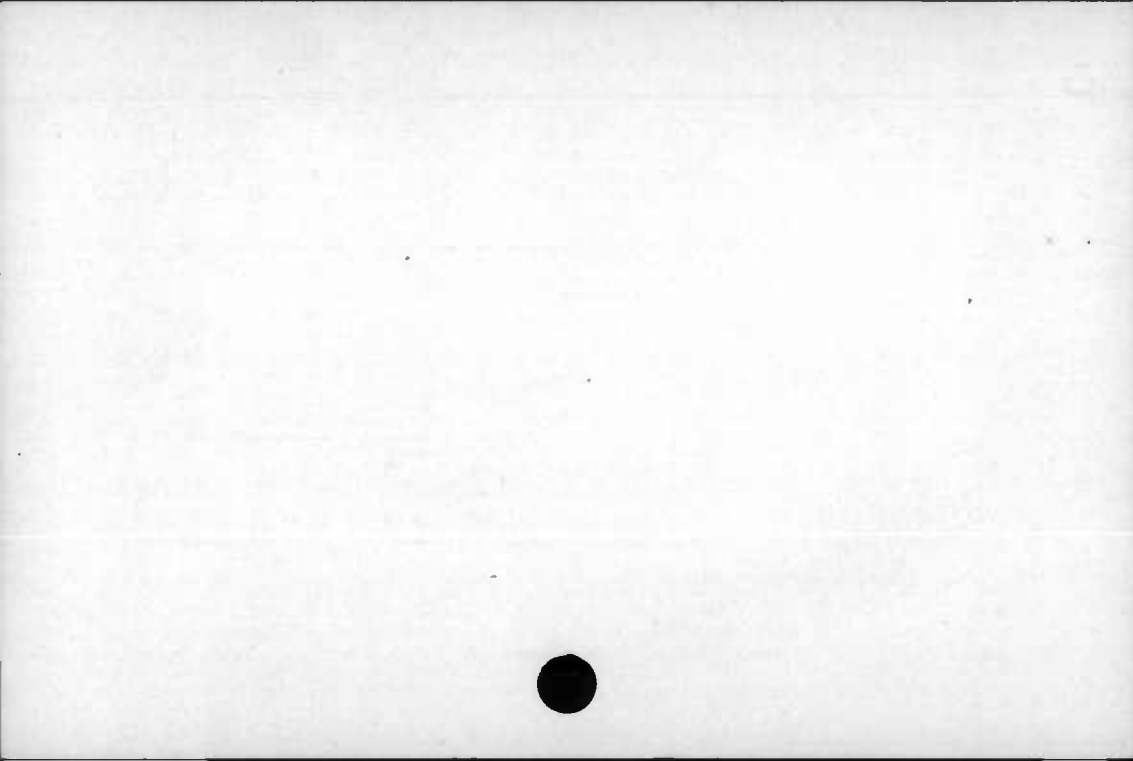
Signature of Physician

Howard B. Hopkins

Address

Greenstown, Md.

Accident or Suicide?



Name
in
Full

William Jackson

CERTIFICATE OF DEATH

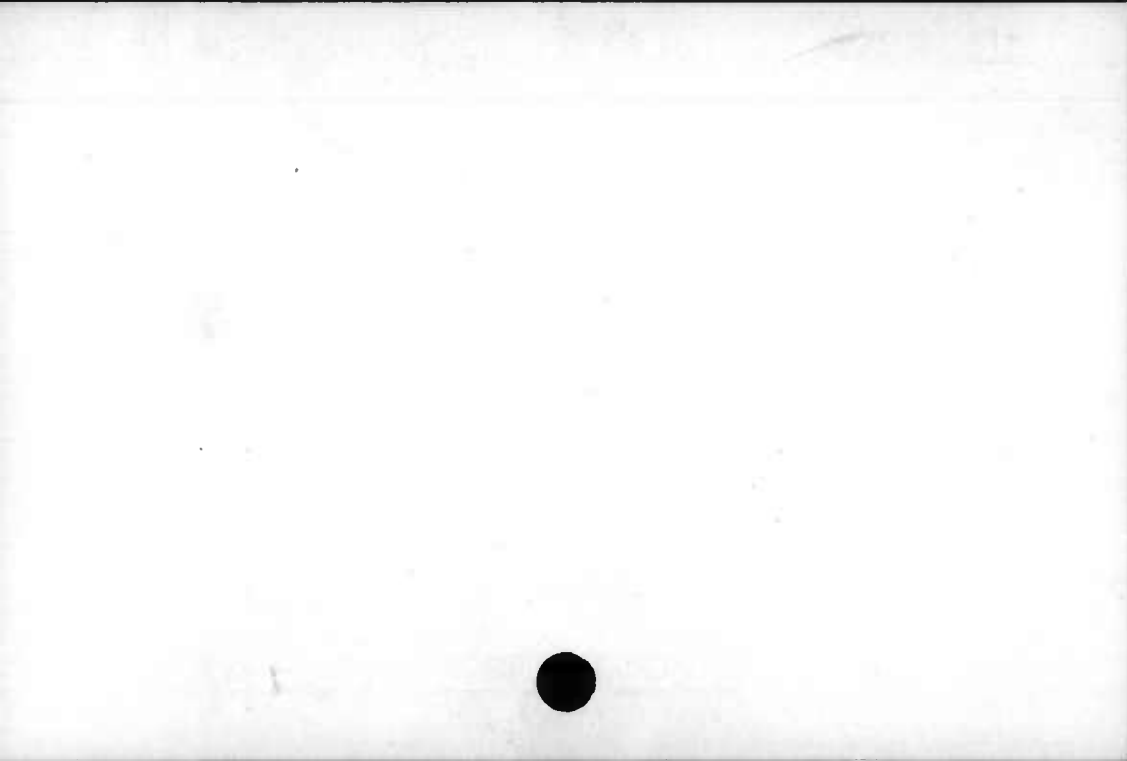
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Centreville		County Queen Anne		MARYLAND	
Date of death		1907	Month Mar	Day 6	Years 60	Months	Days
Sex		Male		Color or Race Negro		Birth- place Centreville	
Occupation Laborer				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband Unknown			
Father's Name				Father's Birthplace Unknown			
Mother's Maiden Name				Mother's Birthplace Unknown			
Name of person giving In formation				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	(93)	How long	3 days.
Immediate	Heart Failure		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician E. F. Smith M.D.	
			Address Centreville	
Accident or Suicide?			Med.	



Name
in
Full

- No Name -

Mansfield
La Co

CERTIFICATE OF DEATH

Died at Stakey's Cor.
TownLa Co
County

MARYLAND

Date of death 1907
Month March Day 20 Age 3 Months 9 Days

Sex Female Color or Race White Birth-place La. County

Occupation _____ Where Residing (if not at place of death) _____

Married, Single or Widowed Single Name of Wife or Husband _____

Father's Name Chas M Mansfield

Father's Birthplace Maryland

Mother's Maiden Name Ann M J. Mansfield

Mother's Birthplace Maryland

Name of person giving information Chas M Mansfield

How related to deceased Father

CAUSES OF DEATH

Primary Tuberculosis

27

How long 3 months

Immediate Prostration

How long Several hours

Are the name, age, sex, color, date and place correctly given above? Yes

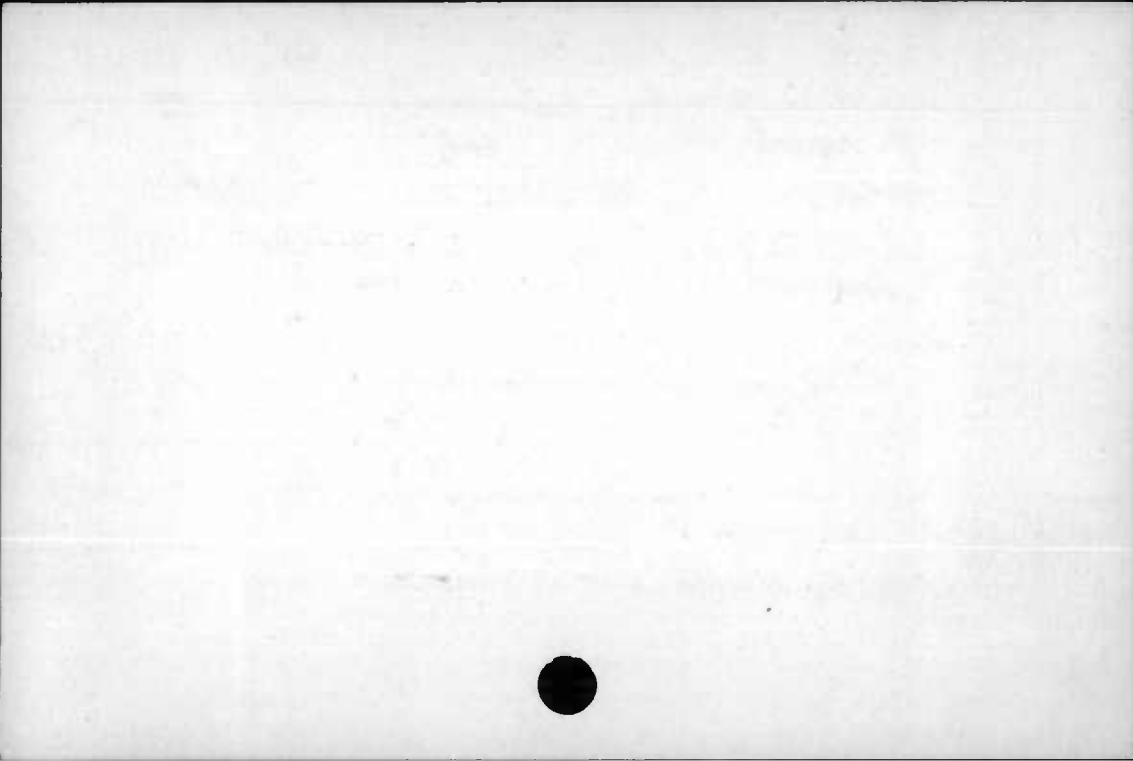
Signature of Physician

Address

S. B. Dudley
Church Hill
Maryland

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Thomas F. Meeds

CERTIFICATE OF DEATH

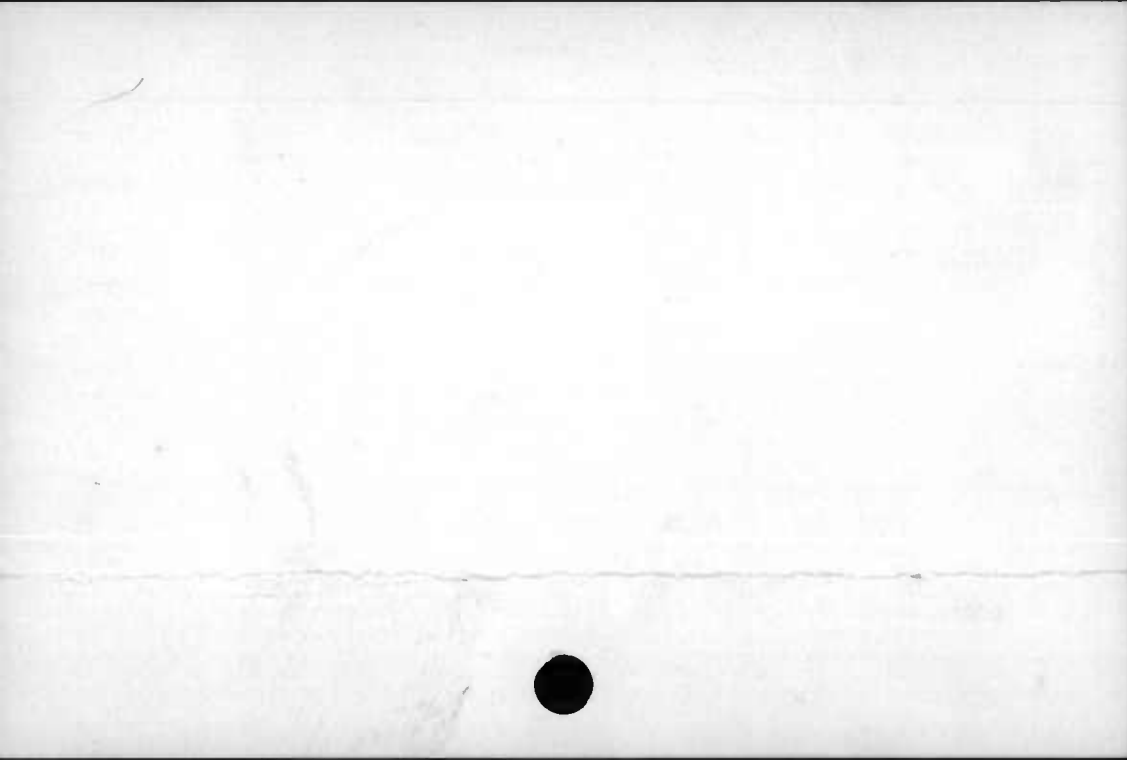
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		March	21	65			
Sex	male	Color or Race	white	Birth-place	Ind		
Occupation	Farmer		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband				
Father's Name		Thor. R. Meeds		Father's Birthplace		Ind.	
Mother's Maiden Name		Becky Tucker		Mother's Birthplace		Ind.	
Name of person giving information		Fannie Meeds		How related to deceased		Wife	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Neurasthenia	(74)	How long	one year
Immediate	Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		H. H. Pickens		
Address		Maggie, Ind. Caroline Co		
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name George W. H. Price

Town Star County Calver. MARYLAND

Died at Star

Date of death 1907 Month March Day 10 Age 52 Years Months 6 Days 1

Sex Male Color or Race Black Birth place Pine Neck

Occupation Farmer Where Residing if not at place of death at place of death

Married, ~~Single~~ Married Name of Wife or Husband Mrs. G. W. H. Price

Father's Name Joe Price Father's Birthplace —

Mother's Maiden Name Mrs. Bordley Mother's Birthplace —

Name of person giving information Mrs. G. W. H. Price How related to deceased Wife

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

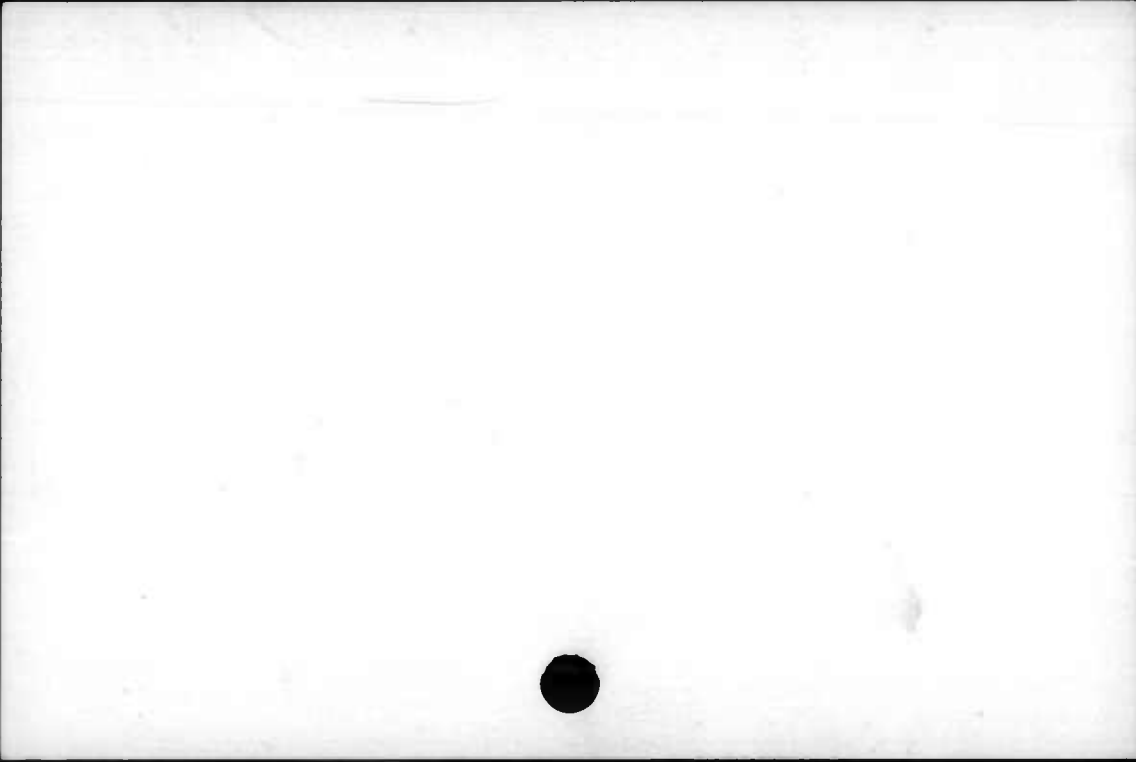
Primary Tuberculosis How long 2 yrs

Immediate Exhaustion How long 2 or 3 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician [Signature] Address Centerville Md

Accident or Suicide? no



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Oliver Riley</i> Town <i>Brownsville</i> County <i>D.A. Co.</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>March</i>	Day <i>14</i>	Age <i>48</i>
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Balto. Co</i>	Months <i>—</i> Days <i>—</i>
Occupation <i>House work</i>	Where Residing if not at place of death <i>at place of death</i>		
Married, Single or Widowed <i>Married</i>	Name of Husband <i>Robt. Riley</i>		
Father's Name <i>Percy Kinard</i>	Father's Birthplace <i>Balto. Co</i>		
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Berlin Md</i>		
Name of person giving information <i>Robt. Riley</i>	How related to deceased <i>Husband</i>		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Organic Heart Disease</i>	How long <i>2 yrs</i>
Immediate <i>Heart Failure</i>	How long <i>1 hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>[Signature]</i>
<i>no</i>	Address <i>Brownsville Md</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

Ellen Robinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Stevensville</i> , ^{Town}		<i>Q. A.</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>March</i>	Day <i>6</i>	Age <i>47</i>	Years <i>47</i>	Months <i>—</i> Days <i>2</i>
Sex <i>Female</i>	Color or Race <i>Black</i>	Birthplace <i>Kent Island</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Frank R Robinson</i>				
Father's Name <i>Robert Green</i>	Father's Birthplace <i>Kent Isl.</i>				
Mother's Maiden Name <i>Ellen Gieck</i>	Mother's Birthplace <i>Kent Isl.</i>				
Name of person giving information <i>Frank Robinson</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>(120)</i>	How long
Immediate <i>Uaemie Coma</i>		How long <i>6 hours.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>C Percy Kemp</i>	
	Address <i>Stevensville, Md.</i>	
Accident or Suicide? <i>—</i>		

0-70-10-16

Name
in Full

Elizabeth Robinson

CERTIFICATE OF DEATH

Died at ^{Town} Stevensville ^{County} Queen Anne's MARYLANDDate of death 1907 ^{Month} 3 ^{Day} 4 ^{Years} 44 ^{Months} ^{Days}

Sex Female Color or Race Colored Birth-place I G Co Md

Occupation None Where Residing (not at place of death) Perry Robinson

Married, Single or Widowed widow Name of Wife or Husband Robinson

Father's Name Henry Bordley Father's Birthplace Kent Del Md

Mother's Maiden Name Mattie Crowder Mother's Birthplace Kent Del Md

Name of person giving information Sister Steensbury How related to deceased Daughter

CAUSES OF DEATH

Primary How long 179

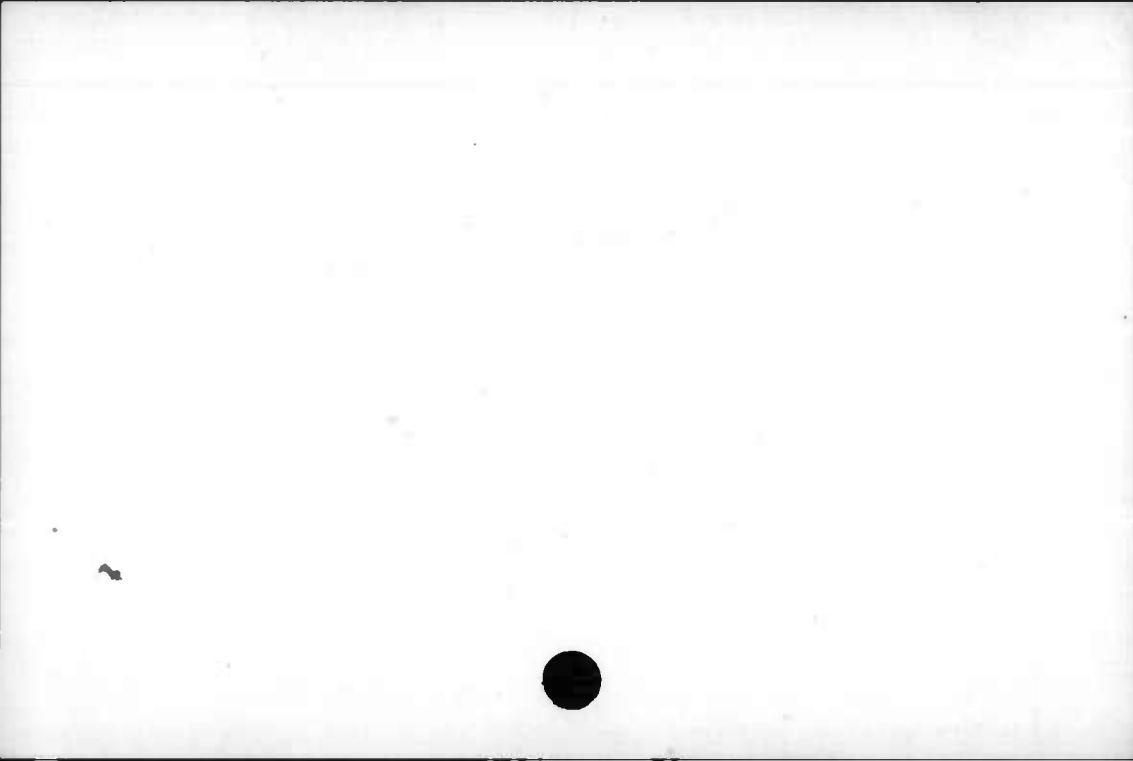
Immediate Heart Failure How long Immediate

Are the name, age, sex, color, date and place correctly given above? yrs Signature of Physician Wm T. Nease

Address Stevensville, Md

Accident or Suicide? No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

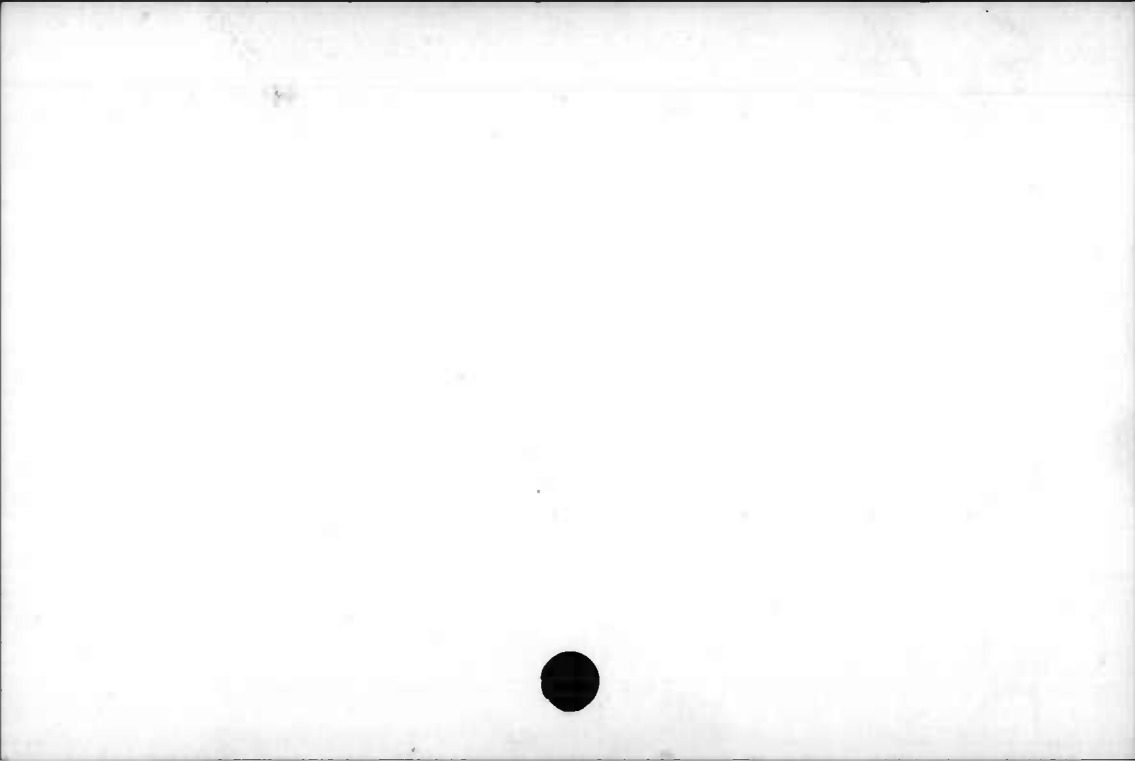
Died at Church Hill Town Lucas County Arms		MARYLAND	
Date of death 1907	Month Mar	Day 17	Age 32
Sex Female	Color or Race Colored	Birthplace Lucas Arms Co	
Occupation House wife	Where Residing if not at place of death		
Married, Single or Widowed Married	Name of Wife or Husband Jornes Rosberry		
Father's Name Jessie Lewis	Father's Birthplace Lucas Arms Co		
Mother's Maiden Name Sarah Jane Rosberry	Mother's Birthplace Lucas Arms Co		
Name of person giving information Dr H. S. Dudley	How related to deceased None		

CAUSES OF DEATH

(136)

PHYSICIAN
OR CORONER

Primary Pregnant Ruptured Uterus	How long
Immediate Shock, Exhaustion	How long 20 min
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Dr H. S. Dudley
Church Hill	Address Lucas Arms Co
Accident or Suicide?	Maryland



Name
in
Full

Perry Sampson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

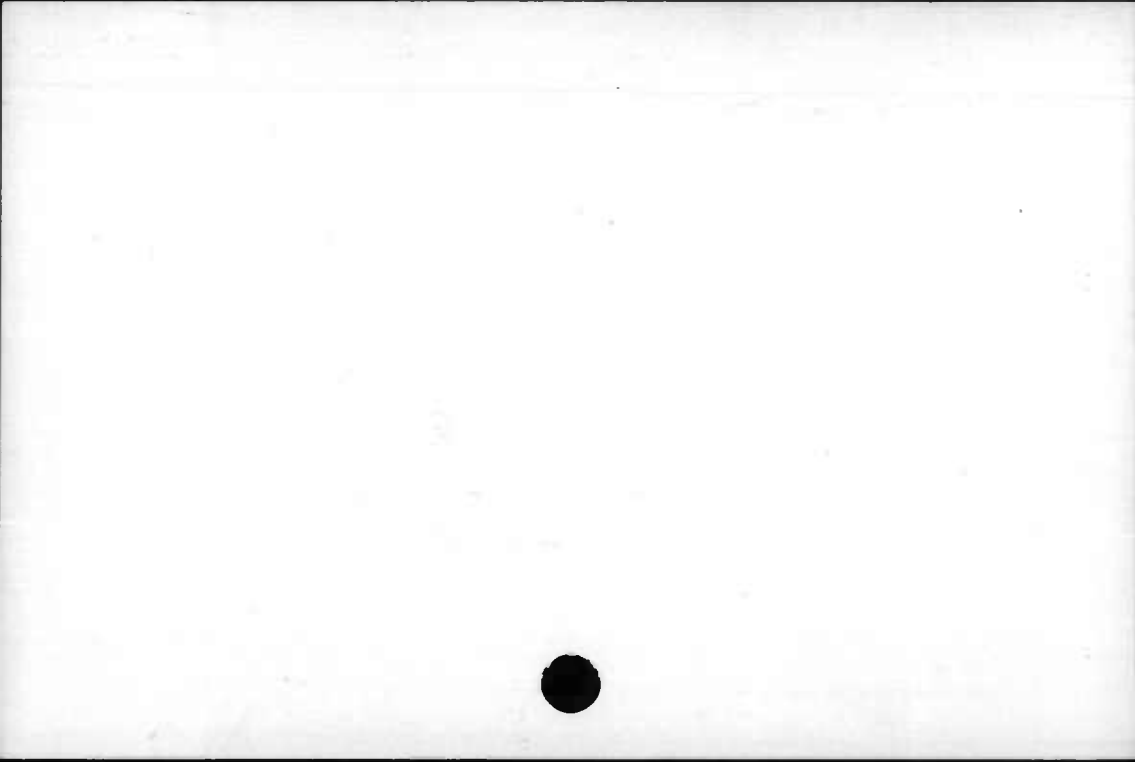
Died at		Town <i>Hayden R.R. Co.</i>		County <i>Queen Anne</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		March	18	8	5		
Sex		Color or Race		Birth-place			
Male		Colored		Not known			
Occupation				Where Residing if not at place of death			
Lahorer							
Married, Single or Widowed		Name of Wife or Husband					
Married		Henrietta Sampson					
Father's Name		Father's Birthplace					
Not known		Not known					
Mother's Maiden Name		Mother's Birthplace					
Not known		Not known					
Name of person giving information		How related to deceased					
H. E. Carv Stanford		Step son					

CAUSES OF DEATH

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PHYSICIAN
OR CORONER

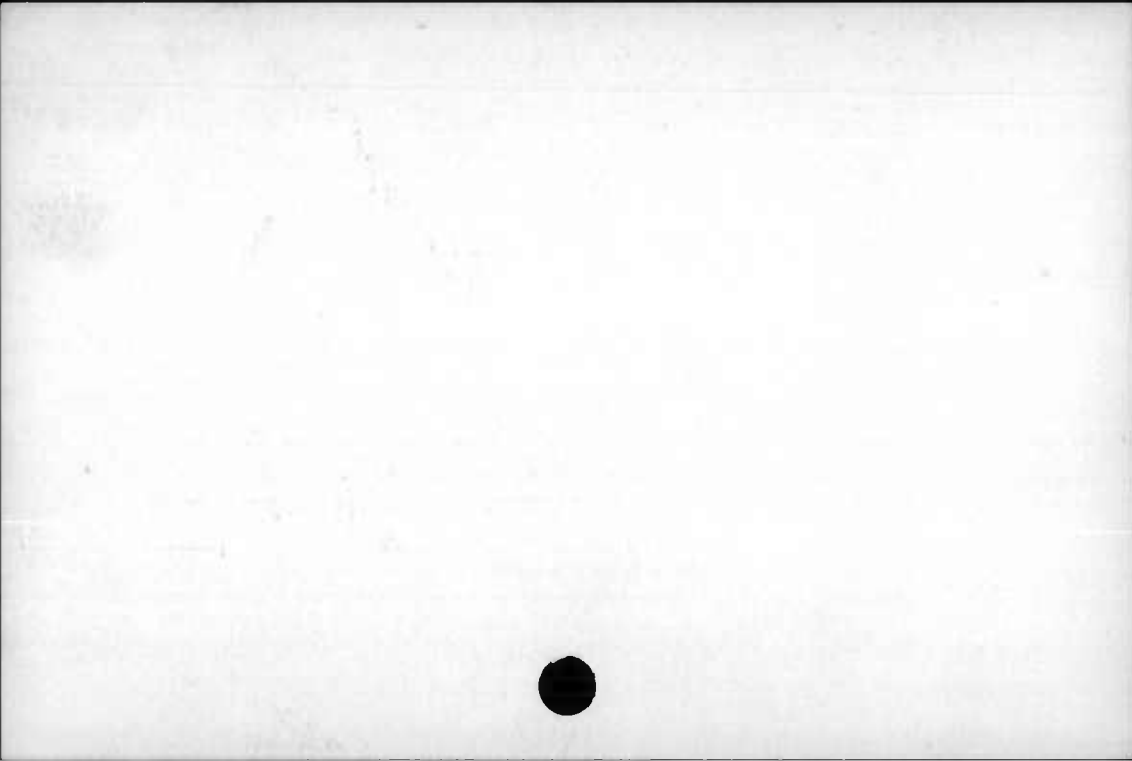
Primary		How long	
General Debility		3 years	
Immediate		How long	
Bronchitis - Acute		4 days	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Walter H. Fenby	
		Address	
		Ruthsburg	
		Md.	
Accident or Suicide?			



Name in Full		Town				County		STATE OF MARYLAND					
Mary Elizabeth Satterfield		Centreville		Queen Anne's Co									
Died at		Date of death		Month		Day		Years		Month		Days	
1907		March		21		Age		71		7		3	
Sex		Female		Color or Race		White, American		Birth- place		Queen Anne's Co			
Occupation		Not any		Where Residing if not at place of death		Centreville, Md							
Married, Single or Widowed		Married		Name of Wife or Husband		Thos J. Satterfield							
Father's Name		Thesdore Ringgold		Stranger		Father's Birthplace		Caroline Co					
Mother's Maiden Name		Jarmar				Mother's Birthplace		Queen Anne's Co					
Name of person giving In formation		Mrs George W. Gibson				How related to deceased		Daughter					

CAUSES OF DEATH

Primary		How long	
Immediate	Heart Failure	How long	10 minutes
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	<i>[Signature]</i>
		Address	<i>Pub. Rights</i>
Accident or Suicide?	No		<i>Ho. Physician</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at. <i>Mar Barclay</i>		Town <i>Williams</i>		County <i>2. A.</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>3</i>		Day <i>29</i>		Age <i>29</i>	
Sex <i>male</i>		Color or Race <i>Black</i>		Birth-place <i>hd</i>		Months <i>1</i>	
Occupation				Where Residing <i>not</i> at place of death <i>✓</i>			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>John Williams</i>				Father's Birthplace <i>va</i>			
Mother's Maiden Name <i>Emma Powell</i>				Mother's Birthplace <i>hd</i>			
Name of person giving information <i>John Williams</i>				How related to deceased			

CAUSES OF DEATH

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PHYSICIAN
OR CORONER

Primary

Immediate

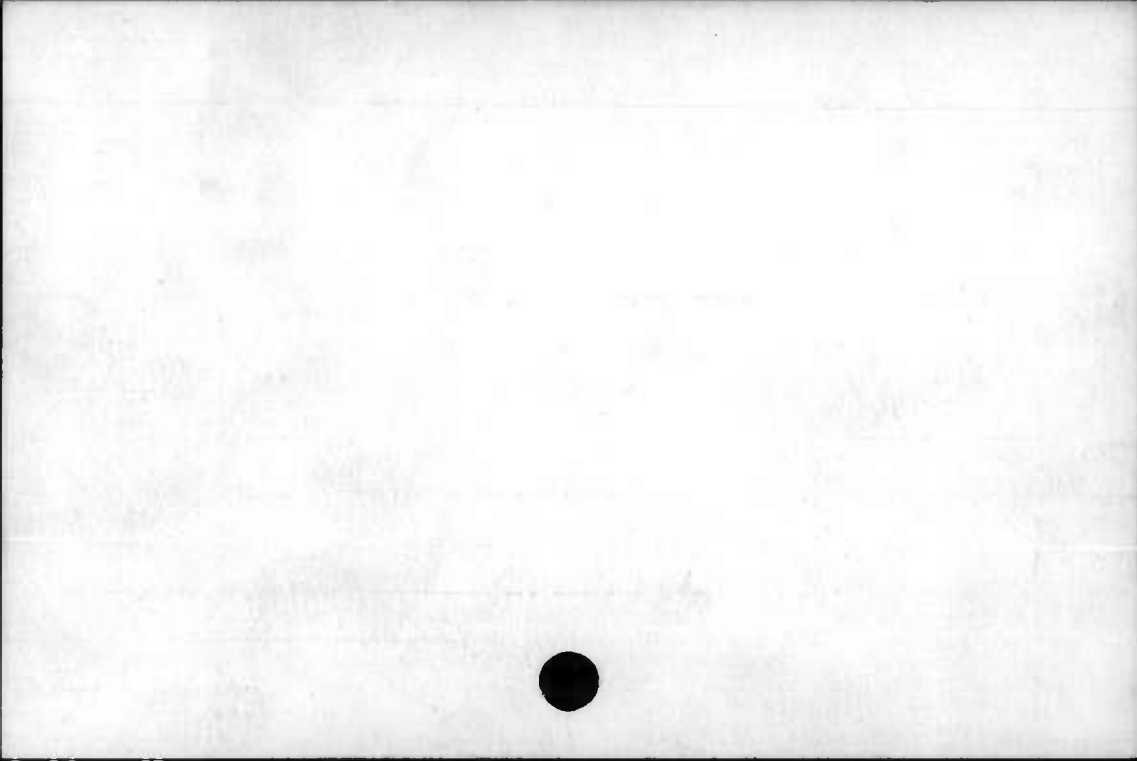
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

How long

How long



Name in Full		Arag Anna M. Milledansoo				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Church Hill	County Lucas		MARYLAND	
	Date of death		1907	Month March	Day 17	Age 75	Years 3
	Sex		Female		Color or Race White		Birth place Lucas Anne Co
	Occupation		Sed. Catholory		Where Residing if not at place of death		
	Married, Single or Widowed		Widowed		Name of Wife or Husband James Milledansoo		
	Father's Name		James C. C. C. C.		Father's Birth place Lucas Anne Co		
	Mother's Maiden Name		Mary Ann Ireland		Mother's Birth place Lucas Anne Co		
Name of person giving information		John Milledansoo		How related to deceased		Nephew	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Pulmonary Tuberculosis			How long 2 yrs	
	Immediate		Exhaustion			How long 1 hr	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician Dr. N. S. Dendy		
	Accident or Suicide?				Address Church Hill Maryland		

Church Hill

Cemetery